

First Presbyterian Montessori Student Questionnaire

Child's Name: _____ Date of Birth: _____

Person(s) filling out this questionnaire: _____

As parents, you are your child's greatest advocates and understand him better than anyone else. Through this questionnaire, we hope to be able to learn as much as we can about your child to help us get to know him better. This will enable us to work together as partners in your child's education. Communication is essential during your child's school years, which are just beginning. All information shared within this form shall remain confidential. We appreciate your taking time to give us insight into your child.

Early Development

Please indicate the approximate ages that your child was able to do the following:

_____ crawl _____ walk unassisted _____ talk in
sentences

Were there any problems associated with pregnancy or delivery? If so, please explain.

Has your child suffered from any chronic health conditions such as ear infections, asthma, etc.? If so, please tell how these conditions affect him currently.

Does your child have any allergies?

Has your pediatrician mentioned any concerns about your child's development? Do you have any concerns?

Does your child speak clearly enough for you and others to understand? Are you aware of any lisp

_____ sound deletions _____ stammering or stuttering _____
Please explain:

Does your child eat and/or sleep well? If not, please explain:

Does your child still take naps in the afternoon?

Is your child completely toilet trained? What words does your child use when he/she needs to use the bathroom?

Is your child afraid of anything?

Personality Traits

This section will help us understand how your child approaches different situations.

What **adjectives** would you use to describe your child's personality? These adjectives may even be contradictory (i.e. loving, jealous)

How would you categorize your child's reaction to a new situation?

Do you have any concerns about the first day at Montessori?

How would you rate your child's maturity?

_____ mature for age _____ immature for age _____ typical for age

Is there anything specific that you can think of that frustrates your child? How does your child exhibit frustration?

Are there any negative behaviors that you have observed in your child? (biting, pinching, screaming, hitting/pushing, etc.) If so, please describe how you are handling the situation.

What is the average time your child spends watching t.v. or videos each day? _____

When you need to discipline your child, what methods do you find work well?

Are there specific behaviors that you feel you are constantly correcting?

Cognitive Skills

Please share with us all that you know that your child already has experienced or knows.

Please mark all areas that you know your child has mastered or can do:

_____ primary colors _____ secondary colors _____ basic shapes
_____ recognizes some letters by name _____ recognizes most of the alphabet
_____ know the phonetic sounds for letters _____ recognized name
_____ can write name _____ can write some of name _____ can read
_____ uses lower case letters to write name _____ uses block letters when writing
_____ knows some numbers by sight _____ can rote count (to what # ? _____)

What other social situations does your child experience on a regular basis?

_____ day care _____ Sunday School _____ Neighborhood _____ play groups

Which day care does your child attend: _____

As you observed, how do you feel your child interacts with others? Please mark all that are applicable:

_____ able to share _____ parallel play _____ interacts well
_____ plays mostly by himself _____ likes to be the one in control
_____ good at compromise _____ is able to put other's needs first
_____ likes to play with younger children _____ prefers to play with same sex
_____ prefers to play with older children _____ is dependent on others
_____ independent worker _____ need to be entertained

How would you categorize your child's attention span?

_____ long _____ age typical _____ short

What is the average time that your child will spend with an activity that he enjoys?

What indoor activities and toys/materials does your child enjoy doing at home?

What outdoor activities does he like?

List anything else that you realize that your child is able to do academically.

Is your child _____ right handed _____ left handed _____ uses both still

Does your child enjoy any of the following?

_____ playing with blocks _____ doing puzzles _____ coloring/painting

_____ listening to stories _____ singing _____ role playing

Please list anything that your child can do that you believe is impressive.

What is your child's typical weekday schedule?

Do you feel that you have a good understanding of the Montessori method?

How did you hear about Montessori?

Do you have any specific expectations of what your child should be doing or learning?

If there is anything that has not been addressed that you would like us to know about your child, please use this space.